

1596

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

731 ✓

CERTIFICATE OF DEATH

REGISTRAR'S NO. 268

7 F DEATH JD RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Phoenix</u> B. COUNTY <u>Maricopa</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Phoenix</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Phoenix</u>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>806 N. 7th St.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1125 W. Palm Lane</u>		
2 1 3 CENT ONAL TA/84 4 249	3. NAME OF DECEASED (TYPE OR PRINT) <u>Mary Eliza Mc Kellips</u>			4. SEX <u>Fe</u>	5. COLOR OR RACE <u>White</u>
	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>Feb.</u> DAY <u>8</u> YEAR <u>1864</u>	
	8. AGE YEARS <u>84</u> MONTHS <u>11</u> DAYS <u>28</u>			9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Housewife</u>	
USE F ATH A 18) 0	9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New York</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
	14A. FATHER'S NAME <u>Nathias James Farrar</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New York</u>		15A. MOTHER'S MAIDEN NAME <u>Elizabeth Tallman</u>
	16. INFORMANT'S SIGNATURE <u>Robert W. Tracy</u>		ADDRESS <u>Phoenix, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>February 6, 1949</u>
TIONS, OPSY 2 ATH TO RNAL ENCE	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Old Age</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
ICAL ONER'S CATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb. 7</u> , 19 <u>49</u> , TO <u>Feb. 6</u> , 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb. 6</u> , 19 <u>49</u> , AND THAT DEATH OCCURRED AT <u>3:10 A</u> . M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <u>Geo. A. McKinnon, M.D.</u>		23B. ADDRESS <u>Phoenix, Arizona</u>		23C. DATE SIGNED <u>Feb. 7, 1949</u>
ERAL CTOR ND TRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Feb. 7, 1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mesa Cemetery</u>
	25A. DATE REC'D BY LOCAL REG. <u>FEB 9 1949</u>		25B. REGISTRAR'S SIGNATURE <u>M. Ken Deputy</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>C. Stanley Oleg</u>
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Mesa, Arizona</u>				